

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2		1					52	1		
3		1					53	1		
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64	1		
15		1					65	1		
16		1					66			
17		1					67			
18	1						68			
19		1					69			
20	1						70			
21	1						71			
22		1					72			
23	1						73			
24		1					74			
25		1					75			
26		1					76			
27	1	1					77			
28	1	1					78			
29		1					79			
30	1						80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35	1	1					85			
36		1					86			
37	1	1					87			
38		1					88			
39		1					89			
40	1						90			
41		1					91			
42		1					92			
43		1					93			
44		1					94			
45		1					95			
46	1	1					96			
47		1					97			
48		1					98			
49		1					99			
50		1					100			
TOTAL IND.	1						TOTAL IND.	1		
TOTAL DEP.	40						TOTAL DEP.	15		
TOTAL CLAIMS	47						TOTAL CLAIMS	15		